

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

105005341

FILING DATE

APPLICANT(S)

7-10-06 7-10-08 250 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4	3		3		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11						1
12						1
13						1
14						1
15						1
16						1
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49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	11	↔	11	↔	19	↔
TOTAL CLAIMS	12		12		20	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								